								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO													
Effective October 1, 2003								New -013					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OB	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			In		·		R	ATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			<i>[0</i> minus 20=		* &		×	\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			9 minus 3 =		* &		×	X43=		OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+1	+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		TAL		. I	TOTAL	720	
CLAIMS AS AMENDED - PART II							10	JIAL		OR	OTHER		
	(Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	§ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X	43=		OR	X86=	***	
	FIRST PRESENTATION OF MULTI		JLTIPLE DEF	TIPLE DEPENDENT C				45=		1	+290=		
								TOTAL		OR	TOTAL		
								ADDIT. FEE OR ADDIT. FEE					
AMENDMENT B	<del></del>	(Column 1) CLAIMS		(Colun HIGHI	EST	(Column 3)			ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA	R/	ATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	** .		=	X\$	9=·		OR	X\$18=		
	Independent	*	Minus	***	<del></del> .	=	X	13=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEPENDENT		CLAIM		1	45_			+290=		
+145= TOTAL										OR	TOTAL		
									· · · · · · · · · · · · · · · · · · ·	OR ,	ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER - OUSLY	PRESENT EXTRA	RA	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	3=		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* if the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEO											TOTAL ADDIT. FEE		
		ber Previously Paid					found in	the ap	propriate box	in coli	umn 1.		